



City of Falls Church
AFFORDABLE DWELLING UNIT PROGRAM
CREDIT REPORT APPLICATION
Housing and Human Services Division



300 Park Avenue, Suite W-100, Falls Church, Virginia 22046
Tel: 703-248-5005, TTY 711, Fax: 703-248-5149, Website: www.fallschurchva.gov

Instructions for Credit Report Application

The City will request a credit report on behalf of the applicant. The program requires a minimum credit score of **620** to be qualified. If the applicant has filed for bankruptcy or has any outstanding judgments, a copy of the discharge letter must be submitted with the application.

Please follow the instructions below to complete the credit report application:

1. Each adult person listed on the ADU application who will be applying for a loan **must** complete a credit report application (one per person).
2. Take the completed application(s) along with a check/money order/cash to the City of Falls Church Treasurer Office (East Wing Lobby Level in City Hall)
3. Make check payable to: City of Falls Church.
4. **Cost \$5.00 per Credit Report Application.**
5. Return the paid stamped credit application (stamp by Treasurers office), to the Housing and Human Services Division.
6. All Credit Report Applications must be complete and legible.



CITY OF FALLS CHURCH

Credit Report Application

This is an application for a Credit Report from a major credit bureau (Experian) which includes a credit rating score.

Please print or type legibly. Ambiguous letters or digits may result in no record found.

| | | | | | | | | |
|---------------------------------|--|--|------------------------|--|--|---|--|--|
| _____ Last Name | | | _____ First Name | | | _____ Middle Initial | | |
| _____ Social Security Number | | | _____ Date of Birth | | | _____ Driver's License# and state issued | | |
| _____ Current Street Address | | | | | | _____ How Long | | |
| _____ City | | | _____ State | | | _____ Zip | | |
| _____ Home phone | | | _____ Mobile phone | | | _____ Work Phone | | |
| _____ Previous Address | | | | | | _____ How Long | | |
| _____ City | | | _____ State | | | _____ Zip | | |

I represent that all the above statements are true and correct and hereby authorize City of Falls Church, Housing and Human Services Division to obtain a credit report. I hold City of Falls Church, Housing and Human Services completely harmless from any liability as a result of the use of this information, including, but not limited to, denial of participation in ADU program.

Under the Federal Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer credit reporting agency under false pretenses shall be fined under Title 18 United states Code, or imprisoned for not more than 2 years, or both.

Signed: _____ Date: _____

Information furnished to the City of Falls Church Housing and Human Services Division will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom of Information Act, Code of Virginia, Section 2.1-340 through 346.1 as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended.

Policy of Non-Discrimination on the Basis of Disability

The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operations of its services, programs, or activities. Letha Flippin, 300 Park Avenue, Falls Church, Virginia 22046 has been designated to coordinate compliance with the ADA non-discrimination requirement. This document will be made available in an alternate format upon request. Call 703-248-5005, TTY 711.

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